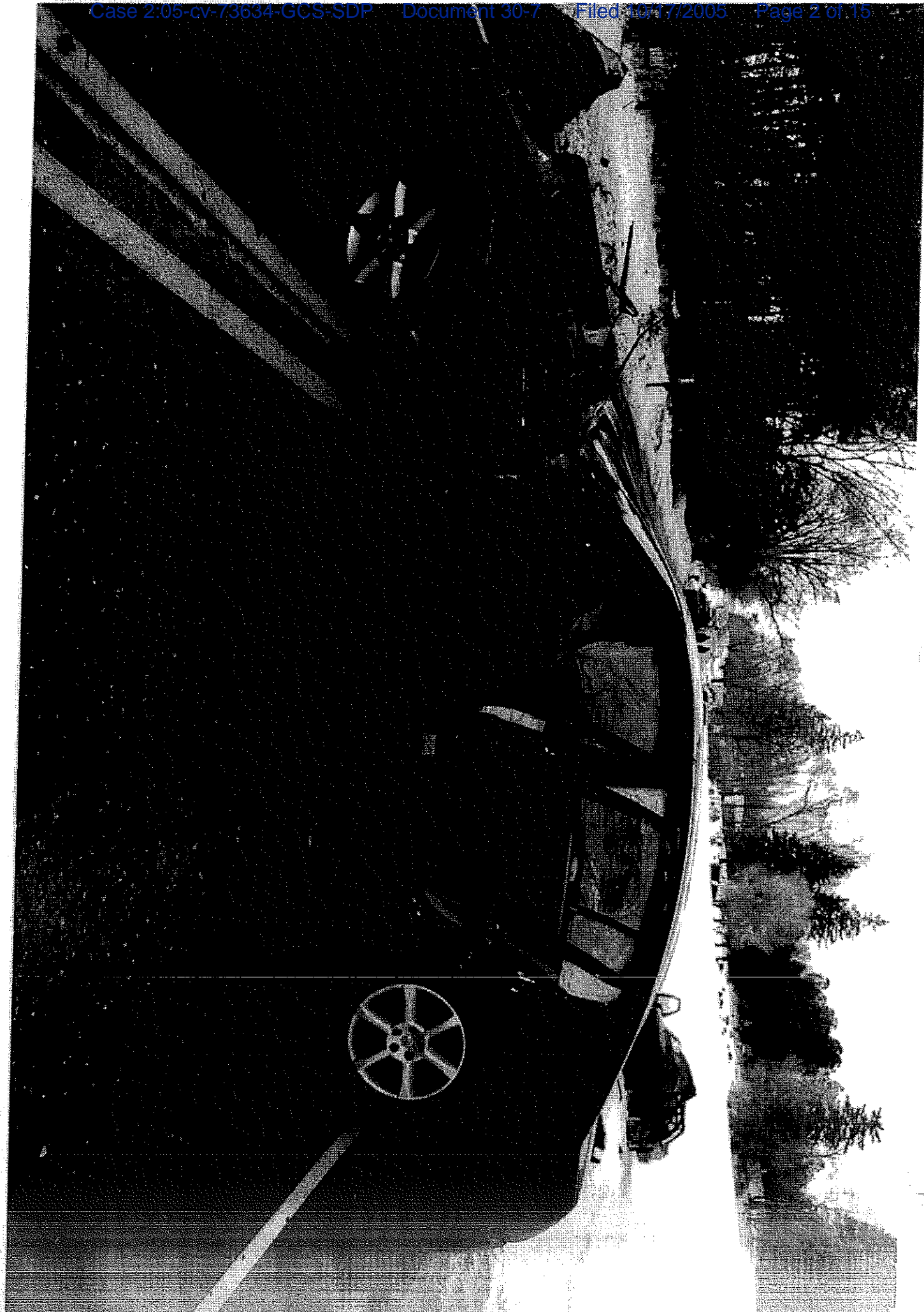
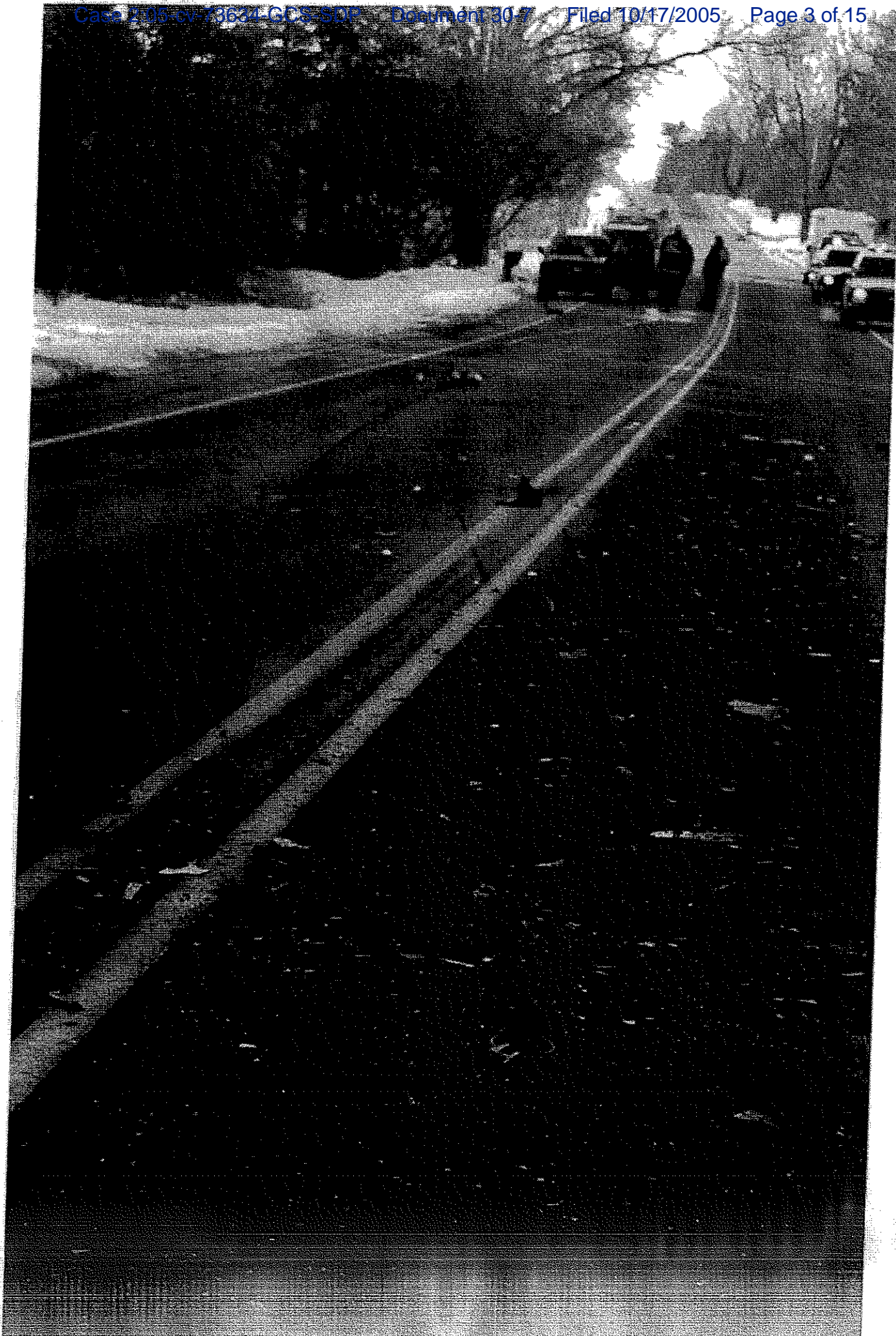


## **Tab 10-GGG**

### **Other Material**

**Materials related to fatal car accident**



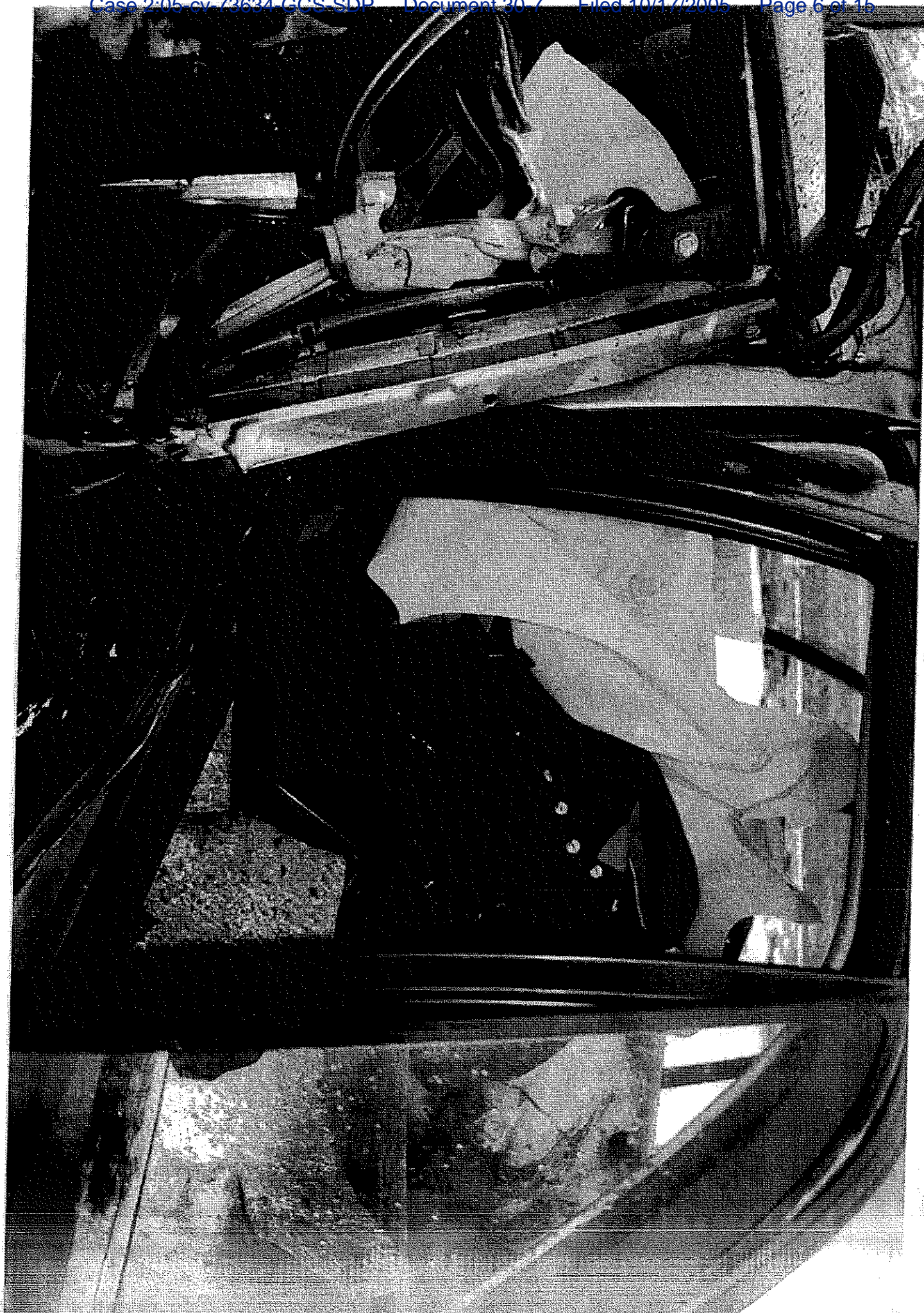




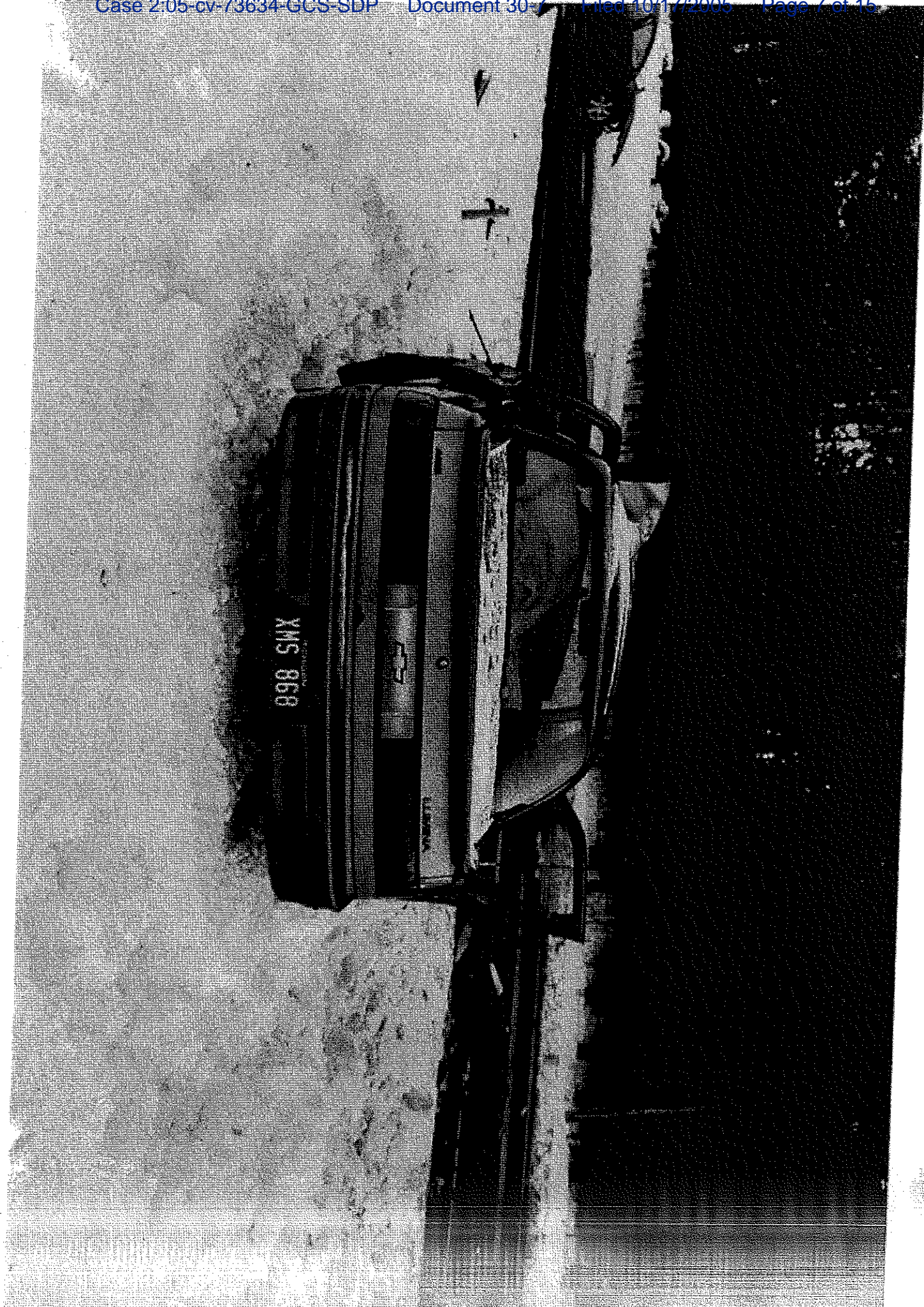




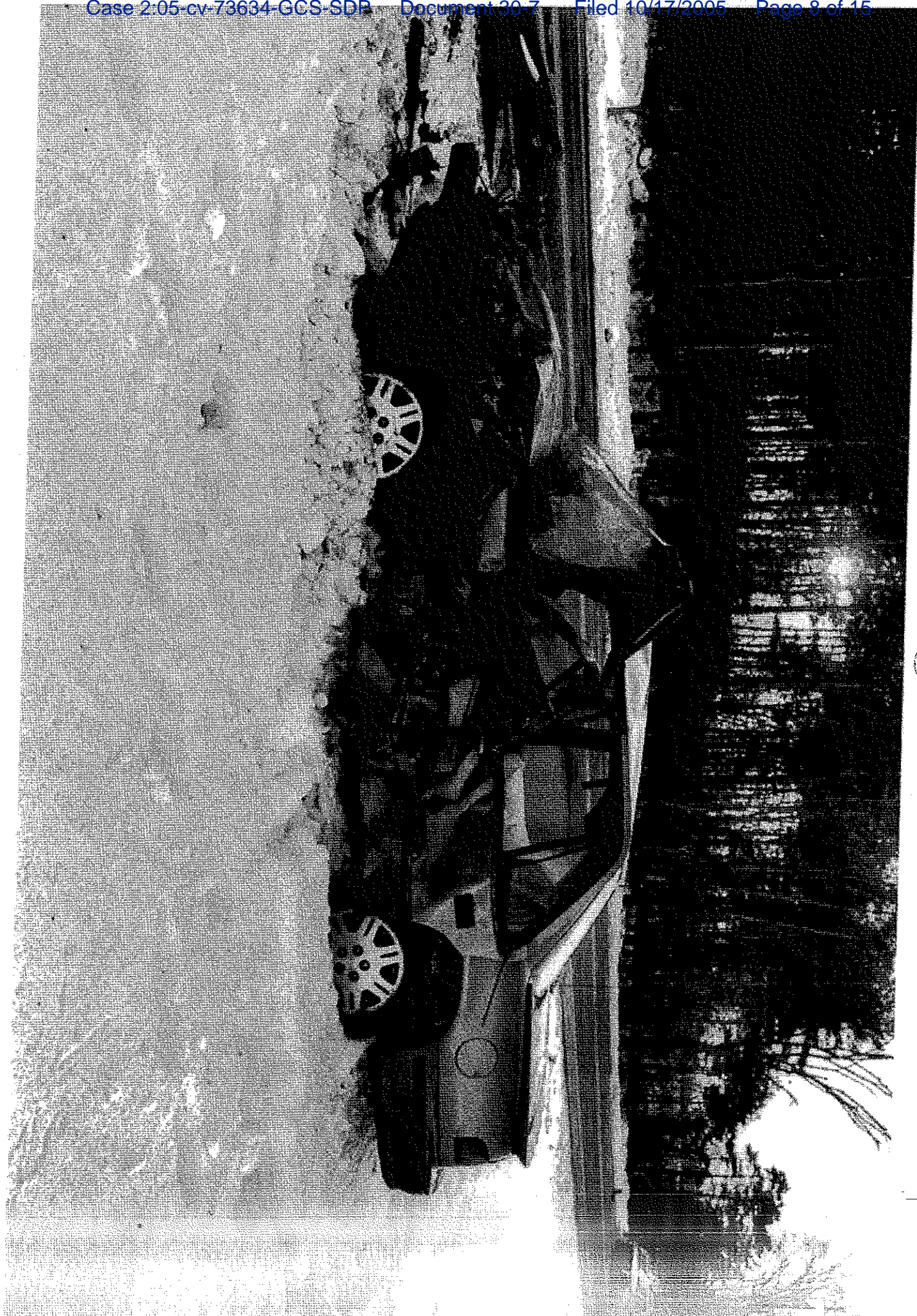




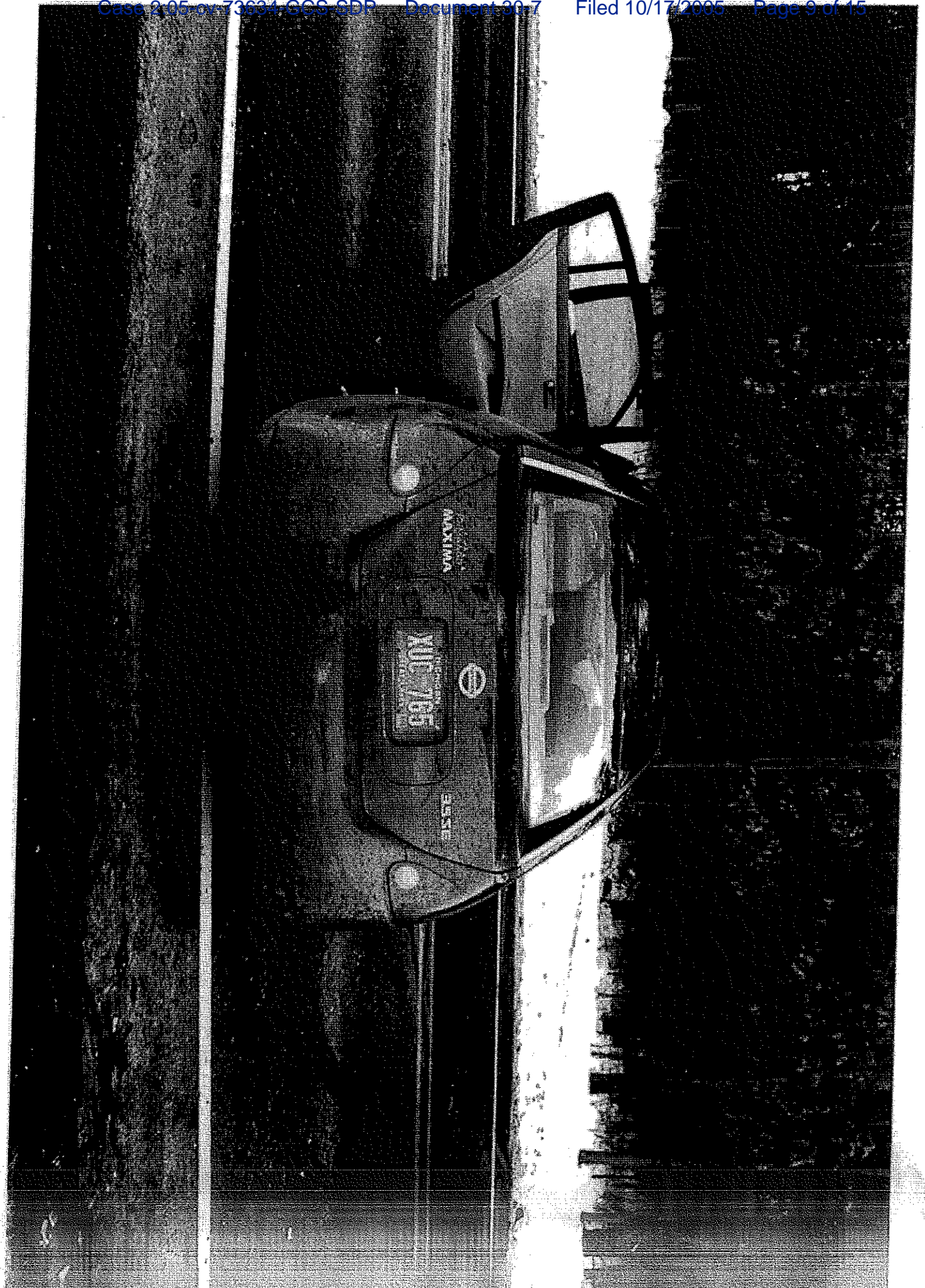




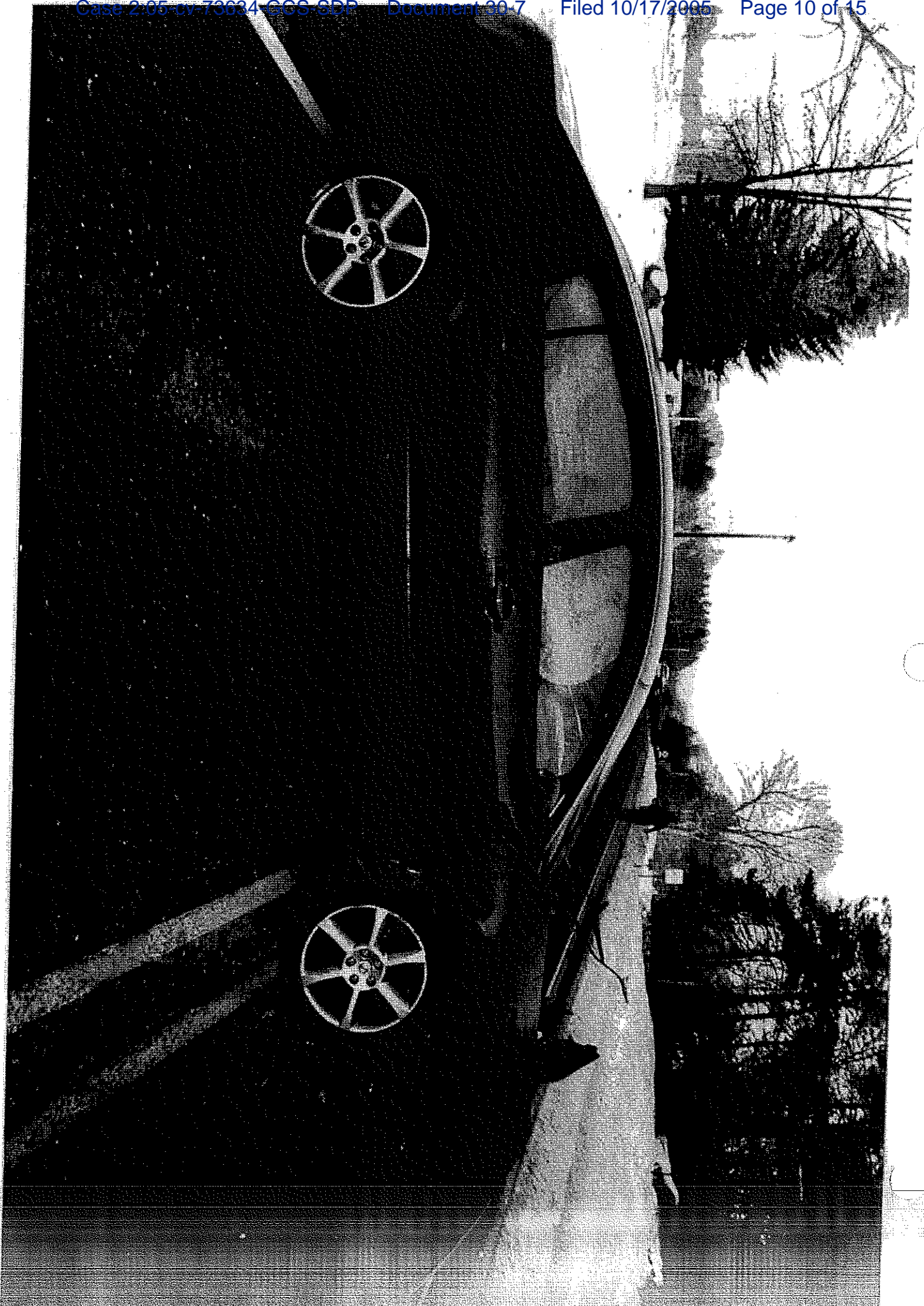












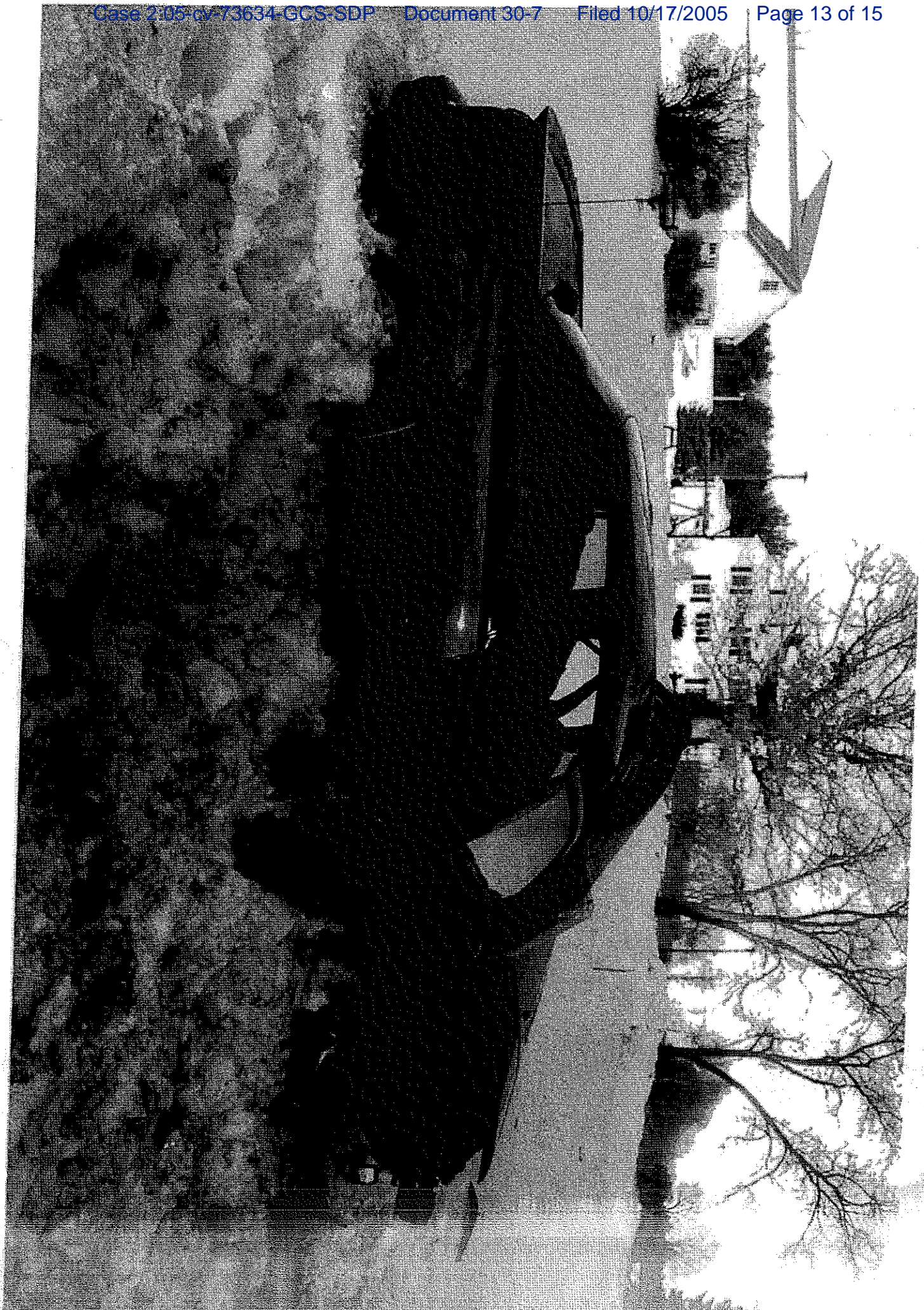














Authority: 1949 PA 380, Sec. 257, 222 Compliance Required Penalty: \$100 and/or 90 days		Do Not Use		Incident # <b>04C 2538</b>	
ORI: MI-3 3 13 3 00		STATE OF MICHIGAN <b>Traffic Crash Report</b>		File Class <b>9300-1</b>	
Crash Date Month: 0 Day: 21 Year: 7 Crash Time Military: 20:04:15		Department Name <b>INGHAM CO SHERIFF'S OFFICE</b>		Incident Disposition <input type="radio"/> Open <input checked="" type="radio"/> Closed	
No. of Units 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/>		Crash Type <input type="radio"/> Single Motor Vehicle <input checked="" type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input type="radio"/> None <input type="radio"/> Deer <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeting Police <input type="radio"/> Special Study <input type="radio"/> Local <input type="radio"/> State	
Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Severe Wind <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Special Checks <input checked="" type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County: 3 City/Twp: 3 Traffic Control <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign <input type="radio"/> None of These		Construction Zone (if applicable) (Mark One From Each Group) Type: <input type="radio"/> Const./Main. <input type="radio"/> Lane Closed <input type="radio"/> Activity <input type="radio"/> Utility <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Relation to Roadway (Location of First Impact) <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input type="radio"/> Gore <input type="radio"/> Other/Unknown	
Road Name <b>DEXTER TRL.</b>		Distance: <input type="radio"/> FT <input checked="" type="radio"/> MI <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Beginning of Ramp <input type="radio"/> South <input type="radio"/> West <input type="radio"/> End of Ramp		Area <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	
Intersecting Road <b>DIAMOND ROAD</b>		Roadway <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	
Total Lanes: 0 Speed Limit: 0		Total Lanes: 0 Speed Limit: 0		Total Lanes: 0 Speed Limit: 0	
Unit Number: 1 State: MI Driver License Number: 532 189 441 422 First Name: EDWARD Middle: JOSEPH Last: HENDGES Street Address: 13135 BUNKERHILL RD Phone Number: 517-769-2541 City: PLEASANT LAKE State: MI Zip: 49272 Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> P <input type="radio"/> E (train) Driver Condition: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99 Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered Alcohol: <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type: <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine Test Results: _____ Drugs: <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type: <input type="radio"/> Blood <input type="radio"/> Urine Test Results: _____		Date of Birth: 06 05 1962 License Type: <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R Sex: <input checked="" type="radio"/> M <input type="radio"/> F Position: 01 Restraint: 04 Ambulance/Hospital: MASON/SP ARROW Injury: <input checked="" type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No Citation Issued: <input type="radio"/> Hazardous <input type="radio"/> Other		Hazard Action: 1 2 3 4 5 6 7 8 9 Total Occup: 0	
Vehicle Registration: XMS868 State: MI VIN: 2G1WN54T0P261960 Insurance: Unknown Towed To/By: Shroyer/ICSO Location of Greatest Damage: 8 First Impact: 8 Extent of Vehicle Damage: 8 Drivable: <input type="radio"/> Yes <input checked="" type="radio"/> No Vehicle Type: <input checked="" type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)		Vehicle Direction: <input type="radio"/> North <input type="radio"/> East <input checked="" type="radio"/> South <input type="radio"/> West Vehicle Use: 2 3 4 5 6 7 8 9 10 11 Vehicle Defect: 1 2 3 4 5 6 Private Trailer Type: 1 2 3 4 5 6 7		Vehicle Description (year, make, color): 1993 CHEVY/GREY Special Vehicles: 1 2 3 4 5 6	
First Name: KEVIN Middle: PATRICK Last: HENDGES Street Address: 13135 BUNKERHILL RD Phone Number: 14 City: PLEASANT LAKE State: MI Zip: 49272		Date of Birth: 02 27 1992 Sex: <input type="radio"/> M <input type="radio"/> F Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No Injury: <input type="radio"/> K <input type="radio"/> B <input type="radio"/> O <input checked="" type="radio"/> A <input type="radio"/> C		Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No Not Equipped: <input checked="" type="radio"/> Yes <input type="radio"/> No	
First Name: LISA MARIE Middle: HENDGES Last: SAME AS ABOVE Street Address: SAME AS ABOVE Phone Number: _____ City: SAME AS ABOVE State: MI Zip: _____		Date of Birth: _____ Sex: <input type="radio"/> M <input type="radio"/> F Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No Injury: <input type="radio"/> K <input type="radio"/> B <input type="radio"/> O <input checked="" type="radio"/> A <input type="radio"/> C		Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No Not Equipped: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Owner: <input type="radio"/> Owner <input type="radio"/> Witness Name: LISA MARIE HENDGES Address: SAME AS ABOVE Phone Number: _____ Age: _____ Pos. _____ Rest. _____ Uninjured Passenger: <input type="radio"/> Owner <input type="radio"/> Witness Name: _____ Address: _____ Phone Number: _____ Age: _____ Pos. _____ Rest. _____ Uninjured Passenger: <input type="radio"/> Owner <input type="radio"/> Witness Name: _____ Address: _____ Phone Number: _____ Age: _____ Pos. _____ Rest. _____		Damaged Property: _____ Public: <input type="radio"/> Yes <input checked="" type="radio"/> No Owner & Phone: _____		Date: _____ Time: _____ Name: _____	

Do Not Write or Mark in This Area

UD-10 SERIAL NUMBER

Serial Override Number

4272260

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line



Unit Number 1  
 First Name ANTHONY Middle SHANTIL Last SMITH  
 Street Address 110 HALL ST SE Phone Number  
 Unit Type City GRAND RAPIDS State MI Zip 49507  
 Interlock Yes No Refused Not offered  
 Alcohol Yes No Test Type: Field PBT Breath Blood Urine Test Results  
 Drugs Yes No Test Type: Blood Urine Test Results

Position 01 Restraint 09 Ambulance/Hospital MASON/SPARROW  
 Injury Ejected Yes No Trapped Yes No  
 Citation Issued Hazardous Other  
 Airbag Deployed Yes No Not Equipped

Vehicle Registration XUC765 State MI VIN 1N4BA41E24C835289 Vehicle Description (year, make, color) 2004 NISSAN/BURG  
 Insurance NONE Towed To/By HOLT/ICSO  
 Location of Greatest Damage First Impact 8 Extent of Vehicle Damage 8 Driveable Yes No  
 Vehicle Type PA CY OR VA MO Other PU GC Truck/Bus ST SM (Complete Truck/Bus Section)

First Name Middle Last Date of Birth Month Day Year Sex M F Ejected Yes No Trapped Yes No  
 Street Address Phone Number Injury K B O A C  
 City State Zip Airbag Deployed Yes No Not Equipped  
 First Name Middle Last Date of Birth Month Day Year Sex M F Ejected Yes No Trapped Yes No  
 Street Address Phone Number Injury K B O A C  
 City State Zip Airbag Deployed Yes No Not Equipped

Owner Witness Name MIRAC INC 5700 EXECUTIVE DR STE 1 LANSING MI 48911 -STOLEN  
 Uninjured Passenger Name Address Phone Number Age Pos. Rest.

Unit Reported on Front  
 Action Prior Sequence of Events  
 Most Harmful: (M) (M) (M) (M)

Unit Reported Above  
 Action Prior Sequence of Events  
 Most Harmful: (M) (M) (M) (M)

Crash Diagram and Remarks  
 North  
 Dexter Trl.  
 Driver #2 was east bound on Dexter Trl when he passed another vehicle in a no passing zone. Driver #2 then hit Driver #1 head on. See Narrative.  
 MC.V.

Unit No. 1 2 3 4 5 6 7 8 9  
 Carrier Name  
 Address  
 City State Zip  
 Carrier Source GVWR Vehicle Type  
 Driver's CDL Type CDL Restrictions CDL Exempt  
 Medical Card Farm Other  
 Type & Axes Per Unit Hazardous Material  
 Placard Y N Cargo Spill Y N ID # Class #  
 Cargo Body Type 1 2 3 4 5 6 7 8

LD-10 SERIAL NUMBER 4272260 Investigated at Scene 2-17-04/1557 Reported Date/Time  
 Photos By Investigator Name(s) & Badge # (Print Only) O'Farrell, Mark 5340

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913  
 Do Not Write or Mark On This Side of The Line